Filing Date

## Application Number **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** Applicant(s) Substitute for Form PTO-1360 (For use with Form PTO/SB/06) May be used for additional claims or amendments CLAIMS 531-05 XFTER FIRST AFTER SECOND AMENDMENT-AMENDMENT Indep Depend Indep Depend Indep Depend indep Depend Indep Depend indep Depend 23 24 26 34 Total Total Indep Indeo Total Depend Depend

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Claims

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